



THRIFT SAVINGS PLAN

TRANSFER OF INFORMATION BETWEEN AGENCIES

TSP-19

This form contains the Thrift Savings Plan (TSP) account information that gaining agencies must obtain when employees transfer from Federal Agencies or when employees change payroll offices. Gaining agencies must obtain this information whether or not the employee is contributing to the TSP. Provide a copy of this form to the employee and forward the original to the gaining agency payroll office. A copy may also be filed in the employee's Official Personnel Folder.

Section A Employee Information

1. Name _____
(Last) (First) (Middle)

2. Social Security No. _____ - ____ - _____ 3. Date of Birth ____/____/____ 4. Effective Date of Transfer ____/____/____
(Month/Day/Year) (Month/Day/Year)

Section B Enrollment, Allocation and Loan Information to be Transferred

Enrollment Information

Enter the contribution amount using **either** Item 5 (a whole percentage of basic pay per pay period) **or** Item 6 (a whole dollar amount per pay period) **but not both**. For a FERS employee who is not contributing to his or her TSP account, check Item 7. For a CSRS employee who is not contributing, leave Items 5-7 blank.

5. _____.0% OR 6. \$ _____.00 7. ☐ (Noncontributing FERS)

8. TSP Service Computation ____/____/____ 9. TSP Vesting Code _____ 10. TSP Status Code _____ If T: New eligibility date
Date (FERS only. This date must (Month/Day/Year) Enter the number of years Enter the appropriate code:
be January 1, 1984 or later.) required for vesting. Y = Elected to contribute
I = Not contributing
E = Eligible to contribute
T = Terminated contributions
(Month/Day/Year) (Month/Day/Year)

11. TSP Status Date ____/____/____
Enter the date that applies to the TSP Status Code. (Month/Day/Year)

Allocation Information

Enter the percentage of contributions that the employee has chosen to have invested in each Fund. Percentages must be multiples of 5%. The total of Items 12, 13, and 14 must equal 100%. For a noncontributing FERS employee who has not elected to allocate his or her Agency Automatic (1%) Contributions, enter 100% in the G Fund. For a noncontributing CSRS employee, leave these items blank.

12. G Fund	Government Securities Investment Fund	_____	.0%
13. F Fund	Fixed Income Index Investment Fund	_____	.0%
14. C Fund	Common Stock Index Investment Fund	_____	.0%
Total		_____	100.0%

Loan Information

15. Does employee have a TSP loan? (check one) ☐ No ☐ Yes If yes, complete Items 16 through 20.

First Loan 16. Account Number: _____ 17. Payment Amount \$ _____

Second Loan 18. Account Number: _____ 19. Payment Amount \$ _____

20. Pay cycle is (check one): ☐ Biweekly ☐ Monthly ☐ Weekly

Section C Identification of Losing Agency

21. Agency Name and Location _____ 22. Payroll Office _____
(8-digit Identifying Number)

23. Name of Contact Person _____ 24. Telephone (____) _____ - _____
(Area Code and Number)

Section D Certification by Gaining Agency

25. Gaining Agency Payroll Office _____ 26. Agency Code (Optional) _____
(8-digit Identifying Number)

27. _____ 28. Date Signed _____
Signature of Authorized Certifying Official

29. Remarks _____

Reproduce Locally